PROCUUAS

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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September 21, 2018

HECTOR M SERRANO PO BOX 581827 KISSIMMEE, FL 34758

SUBJECT: JO TECH PERFORMANCE INC

Ref. Number: W18000084754

We have received your document for JO TECH PERFORMANCE INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$80.00 due.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 118A00019746

Terri J Schroeder Regulatory Specialist III

www.sunbiz.org



November 14, 2018

JORGE ORTIZ *2ND LETTER* 613 E DONEGAN AVE KISSIMMEE, FL 34744

SUBJECT: JO TECH PERFORMANCE INC

Ref. Number: W18000084754

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Letter Number: 118A00019746

Rochelle E Kemple Regulatory Specialist II

www.sunbiz.org

Division for the DO DOV coor will be the coor

COVER LETTER

Tallahassee, FL 32301

TO:	Charter Section Division of Con					
SUBJ	IFCT:	JO TEC	H PERFORM	MANCE INC		
SUBJECT: Name of Resulting Florida Profit Co.				Corporation		
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Bus. 15, F.S.	iness
Pleas	e return all corres _i	oondence concerning this	matter to:			
		JORGE ORTIZ				
		Contact Person				
	10	TECH PERFORMANCE I	LC			
	-	Firm/Company				
613 E DONEGAN AVE						
		Address				
	К	ISSIMMEE FLORIDA 34	744	· 		
		City, State and Zip Code	;			
		ULTISERVICESW@AOL.				
	E-mail address: (t	o be used for future anni	ial report no	etification)		
For fi	urther information	concerning this matter,	please call;			
	JORGE C	ORTIZ	_at (846-4	4884	
	Name of Co	ontact Person		rea Code and	Daytime Telephone Number	
Enclo	osed is a check for	the following amount:				
) ≢ sı	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 and Certifi	Filing Fees led Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle		New F Division P. O. E	ING ADDRESS: Glings Section on of Corporations Box 6327 assee, FL 32314			

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Ent	ity" immediately prior to the filing of this Certificate of Cor	nversion is:
	JO TECH PERFORMANCE LLC	
	Enter Name of Other Business Entity	٠.
2. The "Other Business Entity" is a	LIMITED LIABILITY COMPANY	
(Enter entity type	Example: limited liability company, limited partnership, hip, common law or business trust, etc.)	
first organized, formed or incorporated u	inder the laws of	
(Enter sta	ite, or if a non-U.S. entity, the name of the country)	
06/15/2018 on		
Enter date "Other	Business Entity" was first organized, formed or incorporated	đ
3. If the jurisdiction of the "Other Busin organized, formed or incorporated:	ess Entity" was changed, the state or country under the law.	s of which it is now
NONE		
4. The name of the Florida Profit Corpo	ration as set forth in the attached Articles of Incorporatio	<u>n:</u>
	JO TECH PERFORMANCE INC	
	Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, e	enter the effective date:	
(The effective date: Cannot be prior t Department of State.)	o nor more than 90 days after the date this document is	filed by the Florida
	loes not meet the applicable statutory filing requirements, th	is date will not be
listed as the document's effective date o	n the Department of State's records.	

Page 1 of 2

	•	
Signed this 3 day of Decombe	<u>6</u> , 20 <u>/8</u> .	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: JORGE ORTIZ		n selected, an
Incorporator: JORGE ORTIZ Printed Name:Title:		
Required Signature(s) on behalf of Other Business F	Entity: [See below for required signature(s).]
Signature: X		
Printed Name JORGE ORTHZ	Title:	
Signature:	·	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
·	Limitand Bona and S	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnersnip:	Jan Jan
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		8 DEC 10
All others: Signature of an authorized person.		C TO AM IO:
Fees:		107/ 107/ 107/ 107/ 107/ 107/ 107/ 107/

Page 2 of 2

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I		JO TECH PERFORMANCE INC	
The name of the	corporation shall be:		
	PRINCIPAL OFFICE		
The principal pla	ce of business/mailing address is	s:	
613 E DONEGAN	Principal street address	Mailing address, if different is:	
KISSIMMEE FLO	ORIDA 34744		
	PURPOSE which the corporation is organi LAWFUL BUSINESS.	ized is:	
			
			
			
The number of sl	SHARES pares of stock is:		
ARTICLE V	INITIAL OFFICERS AND	/OR DIRECTORS	
	JORGE ORTIZ, PRESIDENT	Name and Title:	
	613 E DONEGAN AVE	<u> </u>	#8 D
- K	LISSIMMEE FLORIDA 34744	A CONTRACTOR OF THE CONTRACTOR	1 3 <u>10</u>
Name and Title:		The second	
Address:		95	0. 1.
_		36	9
Name and Title:			
Address:		A.J.1	
•		Address:	
_			

ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NC	T acceptable) of the registered agent is:
Name:	JORGE ORTIZ	_
Address:	613 E DONEGAN AVE	_
	KISSIMMEE FLORIDA 34744	_
<u>ARTICL</u>	E VII INCORPORATOR	
The name	and address of the Incorporator is:	
Name:	JORGE ORTIZ	
Address:	613 E DONEGAN AVE	
	KISSIMMEE FLORIDA 34744	
******	*********	********
Having be this certifi	een named as registered agent to accept se leate, I am familiar with and accept the ap	rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
<i>y</i> /	Hnd	12-03/18
	Required Signature/Registered Agent	Date
I submit t	this document and affirm that the facts sta	ted herein are true. I am aware that any false information submitted in a
document	to the Department of State constitutes a th	ird degree felony as provided for in s.817.155, F.S.
<u> </u>		12-03/18
	Required Signature/Incorporator	Date
\		

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